

**DOMESTIC
NONPROFIT CORPORATION**

STATE OF MAINE

APPLICATION FOR EXCUSE

Filing Fee \$5.00

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Corporation)

Pursuant to 13-B MRSA §1301.5, the undersigned corporation executes and delivers for filing this Application for Excuse:

I, _____
President
Treasurer
Clerk or Secretary
(circle title)

of the above named corporation, a corporation duly organized under the laws of the State of Maine, certify that said corporation ceased to carry on activities on (date) _____. Application is made to be excused from further filing an annual report with the Secretary of State of Maine, so long as the corporation in fact carries on no activities.

I further certify that all required Annual Reports have been filed with the Secretary of State. (Note: If the excuse process is completed on or before June 1st, then the Annual Report covering the previous calendar year is not required.)

DATED _____

(signature)

NOTE: The excuse is effective upon acceptance by the Office of the Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- ☐ Hold for pick up
☐ Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
☐ Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person)

(Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)